

OPENING *Night Gala*

Saturday, September 14, 2019
Sales Form

Name: _____

Address: _____

City, State, Zip: _____

Preferred Phone: _____

Email: _____

Please indicate the quantity of tickets below:

	Pricing
Benefactor Table of 8	___ \$5,000
Patron Table of 8	___ \$4,000
Benefactor Ticket	___ \$625
Patron Ticket	___ \$500
Friend Ticket	___ \$300

Would you like to underwrite an ISO musician's attendance at the *Opening Night Gala Dinner*?

Yes ___ No ___ if yes, please select one of the following options:

- I would like to host an ISO Musician as a 9th guest at my table for an additional \$125 _____
- I would like to include an ISO Musician as one of my 8 table guests ___ (no additional cost if purchasing a table of 8)

How do you wish your name to be listed in the program? _____

Please list the members in your party: _____

In support of the Indianapolis Symphony Orchestra, I would like to contribute \$ _____ to the Annual Fund.

Total Enclosed: \$ _____

___ Check Enclosed – Payable to Indianapolis Symphony Orchestra

___ Visa ___ MasterCard ___ American Express

Name on Card: _____

Card Number: _____ Expiration Date: _____

CVV: _____ Signature: _____

___ I require accessible seating or other accommodations

Please print and return this form to Allison Gehl, ISO, 32 E. Washington St., Suite 600, Indianapolis, IN 46204 or
agehl@indianapolissymphony.org